GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health

Health Regulation and Licensing Administration Medical Marijuana Program



Transport Permit Application

		<u>Fee</u>
	☐ New application	\$25.00
Type of	☐ Renewal: License Number:	\$25.00
Application	☐ Replacement of Lost Permit: License Number:	\$25.00
Cultivation Center	Name of Cultivation Center	
	Street City	Zip Code
Vehicle Information	Vehicle Identification Number	State of Registration
*A separate application must be filled out for each	License Number	Vehicle Color
vehicle	Make Model	Year
	Are you contracting an agent to provide transportation? YES	□ NO (If no, skip this box)
Contracted Agent Information	Legal Name	
inioi matton	Trade Name	
	Street	Apt/Suite
	City State Zip Code	
	Phone Number Email Address	
	Fax Number Other Phone	

Primary Cultivation Center Contact	First Name Title () Phone Number () Fax Number	Email Address () Other Phone
Required Attachments	 □ Copy of vehicle registration □ Copy of vehicle insurance □ Signed & notarized "Transportation Permit Acknowledgement & Attestation Form" □ \$25.00 fee *NOTE: All registration and permit fees shall be paid by cashier's check, certified check, or money order payable to the DC Treasurer (DCMR §22C-5103.1). 	

NOTE: The "Transport Permit Application" is for cultivation centers to register their vehicles which will be transporting medical marijuana to dispensaries, NOT to register the drivers of the vehicle. All drivers must be registered as employees.

Mail documents to: Health Regulation and Licensing Administration 899 North Capitol Street NE Second Floor Washington, DC 20002 Attn: Medical Marijuana Program